WHITEHALL DISTRICT SCHOOLS
STUDENT OR VISITOR ACCIDENT REPORT FORM

Date of incident: _____   Name of Injured: _____

Check one: ☐ Student   ☐ Visitor Current Grade (if student)_____

Address of Injured: _____

Contact number _____

Location of Accident (check one):   ☐ school bldg.   ☐ school grounds   ☐ school bus
other

Describe incident: _____

_____

_____

_____.

Witness: Name: _____   Contact No. _____

        Name: _____   Contact No. _____

If student, was parent or guardian notified?   ☐ Yes,   time notified _____

 No,   explain why   ☐   _____

Was medical treatment sought: ☐ yes ☐ no   If yes, where:
_____

If hospital, was ambulance called: ☐ yes ☐ no

Report Prepared by:_____ Date: _____

Any follow-up: _____

_____